

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 09/22/2023, Surveyor conducted a complaint investigation and standard survey at Community Supportive Home Care. Four deficiencies were identified. The complaint was substantiated. Census: 2	M 000		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep a record of 2 of 2 resident's prescription medications controlled, dispensed or administered by the provider. Findings include: On 09/22/2023, Surveyor reviewed Resident 1's and Resident 2's record and identified the following: Example 1-Resident 1	M 466		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 466	Continued From page 1 Resident 1 was admitted on 06/01/2023 and discharged on 06/09/2023. Resident 1's individual service plan (ISP) with an unknown date identified staff administer Resident 1's medications. Surveyor reviewed Resident 1's physician orders: "Buspirone 5 mg to be taken 3x/daily with a start date of 06/02/2023. Melatonin 3 mg to be taken 1x/daily with a start date of 06/02/2023. Memantine 5 mg to be taken 2x/daily with a start date of 06/02/2023. Midodrine 5 mg to be taken 2x/daily with a start date of 06/02/2023. Rosuvastatin Calcium 5 mg to be taken 3x/week (Monday, Wednesday, and Friday) with a start date of 06/02/2023. Sertraline 50 mg to be taken 1x/daily with a start date of 06/02/2023. Vitamin D3 1000 unit to be taken 1x/daily with a start date of 06/02/2023." Surveyor reviewed Resident 1's June 2023 Medication Administration Record (MAR). Resident 1's medications were not documented as administered on the following dates: "Buspirone 5 mg to be taken 3x/daily: 06/02/2023-8am, 8pm, 06/03/2023-4pm, 8pm, 06/04/2023-4pm, 8pm, 06/05/2023-8pm, 06/09/2023-4pm Melatonin 3 mg to be taken 1x/daily: 06/02/2023, 06/03/2023, 06/04/2023, 06/05/2023 Memantine 5 mg to be taken 2x/daily: 06/02/2023-8am, 8pm, 06/03/2023-8pm, 06/04/2023-8pm, 06/05/2023-8pm Midodrine 5 mg to be taken 2x/daily: 06/02/2023-8am, 06/03/2023-4pm,	M 466		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 466	Continued From page 2 06/04/2023-4pm, 06/09/2023-4pm Rosuvastatin Calcium 5 mg to be taken 3x/week: 06/05/2023: 8pm Sertraline 50 mg to be taken 1x/daily: 06/02/2023 Vitamin D3 1000 unit to be taken 1x/daily: 06/02/2023, 06/04/2023, 06/05/2023." Example 2-Resident 2 Resident 2 was admitted on 08/07/2023 with a diagnosis of insulin dependent diabetes, congestive heart failure, and kidney failure. Resident 2's individual ISP dated 08/07/2023 identified staff administer Resident 2's medications. Surveyor reviewed Resident 2's physician orders: "Aspirin 81 mg to be taken 1x/daily with a start date of 08/08/2023. Atorvastatin Calcium 40 mg to be taken 1x/daily with a start date of 08/08/2023. Carvedilol 3.125 mg to be taken 2x/daily with a start date of 08/08/2023. Furosemide 80 mg to be taken 1x/daily with a start date of 08/08/2023. Gabapentin 300 mg to be taken 1x/daily with a start date of 08/08/2023. Losartan Potassium 25 mg to be taken 1x/daily with a start date of 08/08/2023. Sevelamer Carbonate 800 mg to be taken 3x/day with a start date of 08/08/2023. Tamsulosin 0.4 mg to be taken 1x/daily with a start date of 08/08/2023. Venlafaxine 75 mg to be taken 1x/daily with a start date of 08/08/2023." Surveyor reviewed Resident 2's August 2023 and September 2023 MAR. Resident 2's medications	M 466		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 466	Continued From page 3 were not documented as administered on the following dates: "Aspirin 81 mg to be taken 1x/daily: 08/26/2023, 08/27/2023, 08/28/2023, 08/29/2023, 09/01/2023, 09/05/2023, 09/09/2023, 09/18/2023. Atorvastatin Calcium 40 mg to be taken 1x/daily: 08/24/2023, 08/25/2023, 08/26/2023, 08/27/2023, 08/28/2023, 08/29/2023, 08/30/2023, 08/31/2023, 09/01/2023-09/05/2023, 09/07/2023, 09/09/2023, 09/11/2023-09/12/2023, 09/17/2023-09/19/2023. Carvedilol 3.125 mg to be taken 2x/daily: 08/26/2023-8am, 08/27/2023-8am, 08/29/2023-8am, 08/30/2023-8am, 08/31/2023-8am, 08/24/2023-08/31/2023-4pm, 09/01/2023-4pm, 09/05/2023-8am, 09/09/2023-8am, 09/18/2023-8am, 09/01/2023-09/05/2023-4pm, 09/07/2023-4pm, 09/09/2023-4pm, 09/11/2023-09/12/2023-4pm, 09/17/2023-09/19/2023-4pm. Furosemide 80 mg to be taken 1x/daily: 08/26/2023, 08/27/2023, 09/05/2023, 09/09/2023, 09/18/2023. Gabapentin 300 mg to be taken 1x/daily: 08/26/2023-08/27/2023, 09/05/2023, 09/09/2023, 09/18/2023. Losartan Potassium 25 mg to be taken 1x/daily: 08/26/2023-08/27/2023, 09/05/2023, 09/09/2023, 09/18/2023. Sevelamer Carbonate 800 mg to be taken 3x/day: 08/26/2023-08/27/2023-8am, 08/24/2023-08/28/2023-12pm, 08/24/2023-08/28/2023-4pm.	M 466		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 466	Continued From page 4 Tamsulosin 0.4 mg to be taken 1x/daily: 08/24/2023-08/31/2023, 09/01/2023-09/05/2023, 09/07/2023, 09/09/2023, 09/11/2023-09/12/2023, 09/17/2023-09/19/2023. Venlafaxine 75 mg to be taken 1x/daily: 08/26/2023-08/27/2023, 09/05/2023, 09/09/2023, 09/18/2023." On 09/22/2023 at 10:30 AM, Surveyor interviewed Care Coordinator A regarding the lack of documentation in the facility's MARs. Care Coordinator A looked over Resident 1's and Resident 2's MARs on his/her laptop and confirmed staff did not document like they were supposed to. Care Coordinator A did not know why staff did not document in the MAR on the above dates.	M 466			
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored in a sanitary way. Findings include: On 09/22/2023 at 7:55 AM, Surveyor observed the kitchen refrigerator and freezer. In the freezer, Surveyor observed an opened bag of popcorn chicken not sealed, an opened bag of chicken	M 474			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 474	Continued From page 5 nuggets not sealed, an opened bag of breaded chicken patties not sealed, Ziploc bag of frozen grapes not dated, and a Ziploc bag of frozen vegetables not dated. The unsealed popcorn chicken, chicken nuggets, and breaded chicken patties were covered in ice crystals. The Ziploc baggies of grapes and vegetables were covered in ice crystals. In the refrigerator, Surveyor observed 1 medium plastic container with spaghetti not dated, and 1 small plastic container with cooked vegetables not dated. On 09/22/2023 at 10:30 AM, Surveyor conducted an exit conference and shared findings with Care Coordinator A. Care Coordinator A confirmed the listed items above were not stored in a sanitary way. Care Coordinator A stated s/he used to have a sign on the refrigerator reminding staff to date and store food items correctly. Care Coordinator A stated s/he was unsure what happened to it. Care Coordinator A noted s/he would provide education to staff.	M 474		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 570	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures did not exceed 115° Fahrenheit (F) for 2 of 2 faucets available to residents. Findings include: The provider serves up to 4 residents within one of the following client groups: developmentally disabled, traumatic brain injury, advanced age, irreversible dementia/Alzheimer's, and physically disabled. On 09/22/2023 at 8:55 AM, Surveyor tested the water temperature at the kitchen sink. The water temperature was 153°F. Steam was visible during the test. On 09/22/2023 at 9:02 AM, Surveyor tested the water temperature at the residents' bathroom sink located on the first floor of the home, with a shower. The water temperature was 165°F. Steam was visible during the test. On 09/22/2023 at 9:05 AM, Surveyor shared the concern with Care Coordinator A. Care Coordinator A called the provider's maintenance person and stated s/he would be out today to turn the water temperature down. Care Coordinator B acknowledged the water temperature was too hot. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 570	Continued From page 7 these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017)."	M 570			
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident received all prescribed medications in the dosage and intervals prescribed by the resident's physician. Findings include: On 09/22/2023, Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted on 08/07/2023 with a diagnosis of insulin dependent diabetes. Resident 2's physician orders indicated Resident 2 was prescribed insulin Lispro Kwik pen with	M 582			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 582	Continued From page 8 instructions to inject separate baseline dosages at breakfast, lunch, and dinner, in addition to the following sliding scale based on a blood sugar value: 71-100=2 units, 101-150=4 units, 151-200=6 units, 201-250=8 units, 251-300=10 units, Above 301=12 units. A review of Resident 2's medication administration record (MAR) from 08/07/2023-09/21/2023, Surveyor observed the following discrepancies: -08/10/2023 (evening insulin administration): Blood sugar documented as 265 (within the parameters for 10 units), 8 units administered documented -08/19/2023 (evening insulin administration): Blood sugar documented as 220 (within the parameters for 8 units), blank units administered documented -08/22/2023 (evening insulin administration): Blood sugar documented as 206 (within the parameters for 8 units), blanks units administered documented -08/30/2023 (noon insulin administration): Blood sugar documented as 201 (within the parameters for 8 units), 6 units administered documented -09/09/2023 (evening insulin administration): Blood sugar documented as blank and blank units administered documented On 09/22/2023 at 10:30 AM, Surveyor conducted an exit conference and shared findings with Care Coordinator A. Care Coordinator A confirmed Resident 2 was given the wrong insulin after reviewing his/her blood sugar values. Care	M 582		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/25/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY SUPPORTIVE HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1835 DONGES BAY ROAD MEQUON, WI 53092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
M 582	Continued From page 9 Coordinator A acknowledged it's new for staff to administer sliding scale insulin so reeducation would take place.	M 582			